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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>10021407</i>			
Substitute for Form PTO-875								
CLAIMS AS FILED - PART I					<i>Cont.</i>			
(Column 1)		(Column 2)			PAGE			
FOR	NUMBER FILED	NUMBER EXTRA			SMALL ENTITY			
<del>BASIC FEE (37 CFR 1.16(a))</del>					RATE	FEE		
<del>TOTAL CLAIMS (37 CFR 1.16(c))</del>		<del>minus 20 =</del>			<del>\$ _____</del>	<del>\$ _____</del>		
<del>INDEPENDENT CLAIMS (37 CFR 1.16(b))</del>		<del>minus 3 =</del>			<del>X \$ _____ =</del>	<del>X \$ _____ =</del>		
<del>MULTIPLE DEPENDENT CLAIM PRESENT</del>		<del>(37 CFR 1.16(d))</del>			<del>X \$ _____ =</del>	<del>X \$ _____ =</del>		
					<del>+ \$ _____ =</del>	<del>+ \$ _____ =</del>		
					TOTAL	TOTAL		
* If the difference in column 1 is less than zero, enter "0" in column 2.								
AmDT CLAIMS AS AMENDED - PART II <i>2-14-05</i>					OR	OTHER THAN SMALL ENTITY		
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* <i>10</i>	Minus ** <i>20</i>	= <i>—</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>
	Independent (37 CFR 1.16(b))	* <i>3</i>	Minus *** <i>3</i>	= <i>—</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>+ \$ _____ =</i>	<i>+ \$ _____ =</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE	TOTAL ADD'L FEE	TOTAL ADD'L FEE	
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* <i>—</i>	Minus ** <i>—</i>	= <i>—</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>
	Independent (37 CFR 1.16(b))	* <i>—</i>	Minus *** <i>—</i>	= <i>—</i>	<i>X \$ _____ =</i>	<i>+ \$ _____ =</i>	<i>+ \$ _____ =</i>	<i>+ \$ _____ =</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE	TOTAL ADD'L FEE	TOTAL ADD'L FEE	
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE	
	Total (37 CFR 1.16(c))	* <i>—</i>	Minus ** <i>—</i>	= <i>—</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>	<i>X \$ _____ =</i>
	Independent (37 CFR 1.16(b))	* <i>—</i>	Minus *** <i>—</i>	= <i>—</i>	<i>X \$ _____ =</i>	<i>+ \$ _____ =</i>	<i>+ \$ _____ =</i>	<i>+ \$ _____ =</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL ADD'L FEE	TOTAL ADD'L FEE	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".								
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".								
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2